
Manual for The Tennessee Target Population Group (TPG) and Clinically Related Group (CRG) Assessments

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INTRODUCTION

The Tennessee Target Population Group (TPG) and Clinically Related Group (CRG) manual is provided to give the reader general background on the TPG/CRG project and to provide specific guidelines on the completion of the TPG/CRG Assessment forms.

BACKGROUND

A National Institute of Mental Health (NIMH) Work Group met in 1987 and in 1990 to develop definitions for classifying persons with severe and persistent mental illness (SPMI) into groups that more precisely indicate their service needs. In collaboration with the New Jersey Division of Mental Health and Hospitals, they developed clinically related groups. Several states were consulted in developing the definitions for the clinically related groups and the Tennessee CRG Assessment form. The purpose of the CRG Assessment is to provide operational definitions based on Federal guidelines for classifying consumers. This classification system is useful in national, state, regional, and community service planning. There are five adult consumer groups in the model.

The TPG Assessment was created in 1993 by the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) as a survey tool to identify children and youth eligible for services under various funding streams. The survey was later revised to become an Assessment tool for classifying children and youth as having a serious emotional disturbance (SED). There are three children and youth consumer groups in this model.

CONCEPTUAL FRAMEWORK

Three criteria are used to classify children into three TPG consumer groups: 1) diagnosis, 2) current severity of impairment, and 3) presence of psychosocial issues that can put the consumer at high risk. Based on these three criteria, children and youth are classified into one of three groups:

- Group 2- children who have a valid diagnosis and are severely impaired and are SED
- Group 3- children who do not have a valid diagnosis and/or are not severely impaired and are at risk of a SED
- Group 4- children who do not have a valid diagnosis and/or are not severely impaired and are not at risk of a SED

Four criteria are used to classify adults into five CRG consumer groups: 1) diagnosis, 2) severity of functional impairment, 3) duration of functional impairment, and 4) need for services to prevent relapse. The general approach is to further document that the individual meets criteria for a DSM-IV-TR* psychiatric diagnosis and to measure the consumer's level of functional impairment** related to this diagnosis. Based on the four criteria, adults are then classified into five groups:

- Group 1- adults whose functioning is recently severely impaired and the impairment has endured over a long period of time
- Group 2- adults whose functioning is recently severely impaired with impairment having been for a shorter duration
- Group 3- adults whose functioning is not currently severely impaired, but has been severely impaired in the past and who need services to prevent relapse
- Group 4- adults whose functioning has not been recently impaired *and* are *either* not formerly severely mentally ill *or* are formerly severely mentally ill and do not need services to prevent relapse
- Group 5- adults that are not in the clinically related groups 1 - 4 as a result of their diagnosis

* At the time this manual was written the DSM-IV-TR manual was the most current version. However, if at any time the DSM-IV-TR is updated the expectation is that you will use the most current edition in the completion of CRG/TPG Assessments.

**The four domains used in assessing level of functioning impairment are: activities of daily living, interpersonal functioning, concentration, task performance, and pace; and adaptation to change.

TDMHDD'S TPG/CRG POLICIES AND PROCEDURES

Who Can Complete A TPG/CRG Assessment?

- Agencies designated by TDMHDD can complete the TPG/CRG Assessments. Each agency approved by TDMHDD to complete Assessments, must have a designated TPG/CRG Coordinator.
- Only those individuals trained and approved by TDMHDD as a Rater or a TDMHDD approved Trainer can complete CRG/TPG Assessments.
- Only staff members employed by and working for the designated agencies or Masters/Doctoral level interns assigned to the designated agencies may complete TPG/CRG Assessments. Staff employed by and working at other associated facilities, which may be operated under a larger umbrella company, may not complete TPG/CRG Assessments.
- Staff who are most familiar with the client's daily functioning and are a TDMHDD approved Rater/Trainer should complete the TPG/CRG Assessment.
- Staff eligible to complete TPG/CRG Assessments must meet the following educational/experiential qualifications:
 - Must have at least a Bachelor's degree in a health-related field of counseling, psychology, social work or sociology, or must be licensed as a nurse. LPNs and individuals with a Bachelor's degree in a field other than those listed above must have a minimum of fifteen (15) college-level semester hours of coursework in behavioral health.

Exceptions to Rater's minimum qualification requirements must be requested in writing to your agency's CRG/TPG contact person at TDMHDD, Division of Managed Care by email or at the following address:

**Division of Managed Care
Assessment Unit
Department of Mental Health and Developmental Disabilities
425 5th Avenue North
Cordell Hull Building, 5th Floor
Nashville, Tennessee 37243**

Training Requirements

All agencies designated to complete TPG/CRG Assessments will have a minimum of two Trainers approved by TDMHDD. These individuals will be authorized to train and re-train Raters within their own agencies to complete TPG/CRG Assessments. Approval of new Raters may require verification of documentation that include, but are not limited to:

- Legal Name
- Social Security Number
- Documentation By Agency Regarding Individual's Job Title, Employing Agency, and Assigned Facility
- Highest Educational Degree Earned and Area of Specialty
- Copies of Degree/Diploma
- Tennessee Professional Licensure, Registration or Certification ID number (if applicable)
- Copies of Tennessee License, Registration or Certification (if applicable)

Train The Trainer (TTT)

Only staff members approved as Raters are eligible to attend class and be approved as a Trainer. The TTT training will include competency testing and in order to be an approved Trainer, staff must demonstrate 75% competency. Each agency will maintain an adequate number of Trainers, but no less than two, to meet the training needs of Raters for their agency to ensure timely completion of TPG/CRG Assessments. TDMHDD will conduct the TTT and maintain a current listing of all TDMHDD approved Trainers.

The Trainer approval will remain effective for two years following a successfully completed competency testing. This approval is valid as long as the Trainer remains with an agency authorized by TDMHDD to provide training to the agency Raters. TDMHDD retains the right to revoke a Trainer's approval at any time due to any serious infractions.

Rater Training

Only TDMHDD approved Trainers who attend the TTT training can train Raters to complete Assessments. Raters must demonstrate 75% competency to receive TDMHDD approval as a Rater. Those Raters who do not pass the competency test **must** attend re-training and successfully pass the competency testing **prior** to receiving approval by TDMHDD as a Rater.

Training results shall be detailed on TDMHDD's Rater Training Verification Form (Appendix H), signed by the Trainer and submitted (electronically or by mail) to TDMHDD as soon as possible but not later than 30 days of the training.

The Rater approval will remain effective for two years following a successfully completed training and competency testing. This approval is valid for as long as the Rater remains with an agency authorized by TDMHDD to provide TPG/CRG Assessments. TDMHDD retains the right to revoke a Rater's approval at any time due to any serious infractions.

Any agency newly employing or re-employing a currently approved Rater must inform TDMHDD in writing (electronically or by mail) prior to any TPG/CRG Assessments being completed by that Rater. It is also the responsibility of the employing agency to inform TDMHDD in writing (electronically or by mail) of any Raters leaving their employment and the Rater's last date of service.

The agency shall use the Rater Information Update Form (Appendix J) to notify TDMHDD as soon as possible of the following changes:

- Any change in Rater's name,
- Employing or re-employing a currently approved Rater, and
- Any approved Raters terminating their employment along with their last date of service.

Monitoring

TDMHDD and the Managed Care Organizations (MCOs) and/or Behavioral Health Organizations (BHOs) shall conduct random site visits to assess the accuracy, reliability, and validity of TPG/CRG Assessments. Appropriate documentation by the agency regarding criteria used in the TPG/CRG Assessment will be monitored. Monitoring will assist TDMHDD and the MCOs/BHOs in determining those Raters and agencies that are rating consumers with a high level of reliability and validity, and those agencies which are in need of additional training.

Copies of the TPG/CRG Assessments and written documentation to substantiate all Assessment information utilized in completing the TPG/CRG Assessments must be available in the consumer record either in paper or electronic form. The Rater's notes should include, at a minimum, documentation which supports the functional Assessment and need for services to prevent relapse, or that refers a reviewer to current portions of the clinical record containing such evidence (See Documentation Requirements).

As a result of the auditing process, any time deficiencies are identified; TDMHDD or the MCOs/BHOs may request that corrective action be implemented to improve noted deficiencies. Agencies are not mandated to conduct self-audits. However, it is highly recommended that all agencies develop a system to assess the accuracy, reliability, and validity of TPG/CRG Assessments as part of their quality assurance/quality improvement program.

Rater/Trainer Database

TDMHDD will provide the MCOs/BHOs with a current listing of TDMHDD approved Trainers and Raters on an ongoing basis. The MCOs/BHOs will be responsible for sharing this database with each of their contracted providers designated to complete CRG/TPG assessments. Each designated agency is responsible for monitoring this list and making sure that all Trainers and Raters maintain current TDMHDD approval. If an agency needs this more frequently or needs to request an updated version, they may contact the MCOs/BHOs. However, if there are any questions regarding the accuracy of information contained in the TDMHDD rater/trainer database agencies may contact their TDMHDD CRG/TPG contact person. Finally, the file layout for the TDMHDD rater/trainer database can be found in Appendix L.

Who Should Be Assessed?

TennCare consumers should be assessed when they meet the “When” criteria listed below for needing an Assessment.

When Should an Individual Be Assessed?

An Assessment should be completed on all TennCare enrollees who are seeking mental health services, regardless of whether they are in the custody of the State, when they meet any of the following criteria:

- An Assessment is requested by a family member, mental health or primary health providers, by TDMHDD, the individual's MCO/BHO, or by the individual, and must be completed within fourteen calendar days of the request.
- An individual's TPG/CRG status has changed to a degree that would cause a difference in the rating and it is not yet time for the one-year review.
- A consumer **must** be reassessed at least every twelve months or sooner if circumstances warrant.

What Should Be Used to Assess an Individual?

- **Adults:**
Consumers aged 18 years and older should be assessed using the Tennessee Clinically Related Group Form (CRG).
- **Children and Adolescents:**

Persons who are under the age of 18 years should be assessed using the Tennessee Target Population Group Form (TPG).

NOTE: It is not necessary to complete a TPG/CRG Assessment in the following circumstance:

➤ **Crisis Teams:**

Crisis Teams are not required to complete TPG/CRG Assessments. If the consumer is admitted to your agency or referred to a CMHA, it is assumed that the case manager or primary clinician will conduct a TPG/CRG Assessment.

What If A Consumer Refuses or Is Unable To Participate In the Assessment?

If, due to extenuating circumstances, the consumer is unwilling or unable to provide the necessary information and other information available is minimal, then respond appropriately to the CRG question regarding the adequacy of information. Documentation regarding the circumstances should be clearly noted in the consumer's record, and further attempts should be made to obtain information from other sources, if possible, with a Reassessment completed when additional information is received.

If the consumer or the consumer's legal guardian refuses to agree that an Assessment may be completed and/or shared with the individual's MCO/BHO or the State, this should be clearly documented in the individual's clinical record. If possible, the consumer or the consumer's legal guardian should sign a document indicating their refusal.

Confidentiality

Confidentiality of TPG/CRG Assessments shall be maintained in accordance with the standards of confidentiality of Title 45, Part 160 and 164, Code of Federal Regulations, Title 42, Part 2, Code of Federal Regulations, Title 33, Tennessee Code Annotated.

Documentation Requirements

- Copies of all current and past TPG/CRG Assessments must be maintained in the consumer's record in paper or electronic form and available for site visit review.
- Written information regarding any and all case assignment (e.g. therapist, case manager, MD) should be documented in the consumer's record and available for site visit review.
- Written documentation regarding all services provided to each consumer should be documented in the consumer's record and available for site visit review.
- Written documentation in the consumer's record should clearly substantiate all Assessment information utilized in completing the TPG/CRG Assessment. The Rater's notes at Assessment or Reassessment should summarize documentation which supports the Assessment and should refer a reviewer to current (since the last Assessment) portions of the clinical record containing such evidence.
- Any services recommended/reported on the client's most recent TPG/CRG Assessment as necessary in order to prevent relapse should be included in the consumer's current Treatment Plan. If the client refuses to participate in needed services, this must be documented as well.
- The TennCare Provider ID number, containing the rater's social security number, and/or legal name should be clearly printed in the space provided on the TPG/CRG Assessment form. Please note that it is required that the rater's social security number be on all electronic and/or paper submissions, however, it is not required on documents located in the consumer's clinical record.

The Results

While the TPG/CRG Assessment is an integral part of determining the SPMI/SED population, **the Assessment alone does not determine the consumer's eligibility status or the need/approval of medically necessary services.**

To be defined as being in the Priority Population, an individual must be assessed using the TPG Assessment form and obtaining a TPG rating of Group 2. For adults, an individual must be assessed using the CRG form and obtaining a CRG rating of Group 1, 2, or 3.

When and Where To Send The Assessment

TPG/CRG Assessments must be submitted in accordance with TDMHDD and MCO/BHO policies and procedures.

All completed TPG/CRG forms and/or records should be reviewed for completeness by the agency prior to being sent or coded electronically.

INSTRUCTIONS FOR COMPLETING THE TENNESSEE TPG FORM

1. **Type of Assessment:** Check the box next to the applicable item. Initial Assessments are those completed on a consumer for the first time. Correction Assessments are those completed to correct a previously completed and erred TPG. Update Assessments are completed in order to update the information on a consumer. Update Assessments include one-year Reassessments.

2. **MCO/BHO ID Number:** Enter the number that corresponds with the consumer's MCO/BHO. Currently the MCO/BHO ID Numbers are:

Premier Behavioral Systems	081
Tennessee Behavioral Health	082
AmeriChoice	131
BCBST/VSHP/VO	128
AmeriGroup	132
Unknown (for TDMHDD use only)	099

3. **Consumer's Social Security Number:** Enter the consumer's nine-digit social security number (SSN). If possible, verify that the number is correct by asking to see the consumer's Social Security card or driver's license.

- When a consumer does not have a social security number, enter 999-88-7777.
- When a consumer chooses to not provide you with their social security number enter 999-66-5555.
- When your agency has the consumer's SSN, but the consumer refuses to sign the "consent to release information form" to TDMHDD, the MCO/BHO, or another Payor enter 999-44-3333. Inform the individual that it will not be possible to verify their TennCare eligibility without their correct social security number.

4. **Consumer's First Name:** Using upper case letters, enter the consumer's first name. If possible, check with the consumer to ensure that the correct name and spelling is being entered.

5. **Consumer's Middle Initial:** Using an upper case letter, enter the consumer's middle initial. This item may be left blank if the initial is unknown or the individual does not have a middle name.

6. **Consumer's Last Name:** Using upper case letters, enter the consumer's last name. If more than one name is used, enter the consumer's name as it appears on the TennCare card. If the consumer's last name changes, use the consumer's most **current** name as it appears on the TennCare card.

7. **Consumer's Birth Date:** Enter the consumer's birth date in the MM/DD/CCYY format. Since TPGs are to be conducted only for children, the TDMHDD system will mark the Assessment an error if the birth date indicates that the person is eighteen years or older on the day the Assessment was completed.

- 8. Principal Diagnosis:** Enter the exact DSM-IV-TR code for the current principal diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces (e.g. if the diagnosis is Depressive Disorder NOS, enter 311. Do *not* enter 31100 in order to fill all of the spaces).
- 9. Dual Principal/Secondary Diagnosis:** Enter the exact DSM-IV-TR code for the current dual principal/secondary diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces.

Global Assessment of Functioning

Using the DSM-IV-TR GAF Scale, rate the consumer's level of functioning as indicated. Two digit GAF Scores should be entered in the spaces provided preceded by a zero (0).

- 10. Consumer's Current GAF:** Enter the consumer's GAF at the time of Assessment. A *Current* GAF Score must be entered.
- 11. Consumer's Highest GAF:** Enter the consumer's Highest GAF within the last one-year. If there is no information available to determine Highest GAF in last one year, this item may be left **blank** in an initial Assessment. A Highest GAF Score must be entered for all update Assessments.
- 12. Consumer's Lowest GAF:** Enter the consumer's Lowest GAF within the last one-year. If there is no information available to determine Lowest GAF in last one year, this item may be left **blank** in an initial Assessment. A Lowest GAF Score must be entered for all update Assessments.
- 13. Severity of Impairment:** Referring to the consumer's current GAF (item #10) and the consumer's lowest GAF (item #12) determine if **either** score is lower than fifty-one. Check the appropriate box.
- 14. Children with a Serious Emotional Disturbance (SED):** Referring to the principal diagnosis or the dual principal/secondary diagnosis (items # 8 or #9) determine if the diagnosis is valid (excluding: substance use disorders (DSM-IV-TR ranges: 291.00-292.90, 303.00 -305.90), developmental disorders (DSM-IV-TR ranges: 299.00-299.80, 315.00-319.00) or V-codes (DSM-IV-TR range: V15.81-V71.09)) *and* is item # 13 marked "YES". Check the appropriate box.

High Risk Issues

High Risk Issues are evaluated historically. If the child has met the criteria the appropriate response is "yes."

- 15. Environment Issues:** Has the child experienced residential disruption such as multiple family separations, extended periods of homelessness, failed adoption, out-of -home placement due to emotional disturbance, or is developmentally delayed due to a poor environment? Check the appropriate box.

- 16. Family Issues:** Do the child's parents or persons responsible for care have predisposing factors, such as severe and/or persistent mental illness, serious family dysfunction, a history of chronic substance abuse (drug or alcohol), or a history of persistent and severe physical illness or disability which creates significant hardship on the family system or that could result in their inability to make provisions for the ongoing physical, social, or emotional needs of their children? Check the appropriate box.
- 17. Trauma Issues:** Has the child experienced a single or multiple physical or psychological traumatic event(s) such as the loss of a parent or being a victim or witness of serious crime or domestic violence? Check the appropriate box.
- 18. Social Skills Issues:** Does the child exhibit behavior or maturity that is significantly different from most children their age and which is not the result of developmental disabilities or mental retardation? Check the appropriate box.
- 19. Abuse/ Neglect Issues:** Has the child experienced physical, emotional, or sexual abuse or neglect? Check the appropriate box.
- 20. Children At Risk Of SED:** Referring to the at-risk issues above (items # 15, # 16, #17, #18, and #19) are any endorsed as "YES". Check the appropriate box.
- 21. Determination of Consumer Group:** Question #21 shows you how to make an assignment to the appropriate clinically related group. Assignment to a clinically related group depends on diagnosis and severity of impairment.

Group 2 - **Persons who have a SED which has resulted in severe functional impairment.** A person whose principal diagnosis or dual-principal/secondary diagnosis is a current, valid DSM-IV-TR psychiatric diagnosis and is severely impaired ("YES" on question #14).

Group 3 - **Persons who are at risk of a SED.** Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and/or are not severely impaired ("NO" on question #14) and are at risk of SED ("YES" on question #20).

Group 4 - **Persons who do not meet the criteria of TPG 2 or 3.** Persons who do not have a current, valid DSM-IV-TR psychiatric diagnosis and/or are not severely impaired ("NO" on question #14) and are not at risk of a SED ("NO" on question #20).

- 22. Reason for Assessment:** Rater should select and check *one* reason that the TPG Assessment is being completed.

23. Date of Request/Circumstance: Enter the date that the TPG Assessment was requested (e.g. consumer or MCO/BHO requested an Assessment) using the MM/DD/CCYY format. This date must be the same as or prior to the date of Assessment (#24).

24. Date of Assessment: Enter the date that the TPG Assessment was completed using the MM/DD/CCYY format.

25. Consumer Information Indicator: Check the box that best represents the adequacy of the information available to the Rater to assess the consumer's status (minimal, adequate, or substantial).

26. Program Code: Indicate the program code for the consumer by checking *one* of the items listed. If uncertain, consult with your agency insurance/billing office regarding the consumer's TennCare Eligibility Category.

27. Rater's TennCare Provider ID Number: Enter the information in the spaces provided as indicated below:

First nine (9) digits - The Rater's SSN, used to establish the Rater in the TDMHDD database as an approved Rater.

Next two (2) digits - Location code - a specific two-digit code that designates the site of the agency where the Assessments are conducted. Each agency has their own list of location codes, and submits these to the MCOs/BHOs. These codes must be consistent for all MCOs/BHOs.

Next two (2) digits - Service Component - A specific two-digit code that designates the service administered - for TPG Assessments, the two-digit code is F2.

Last two (2) digits - MCO/BHO ID Number - A specific two digit code which designates the MCO/BHO

Premier Behavioral Systems	81
Tennessee Behavioral Health	82
AmeriChoice	31
BCBST/VSHP/VO	28
AmeriGroup	32
Unknown (for TDMHDD use only)	99

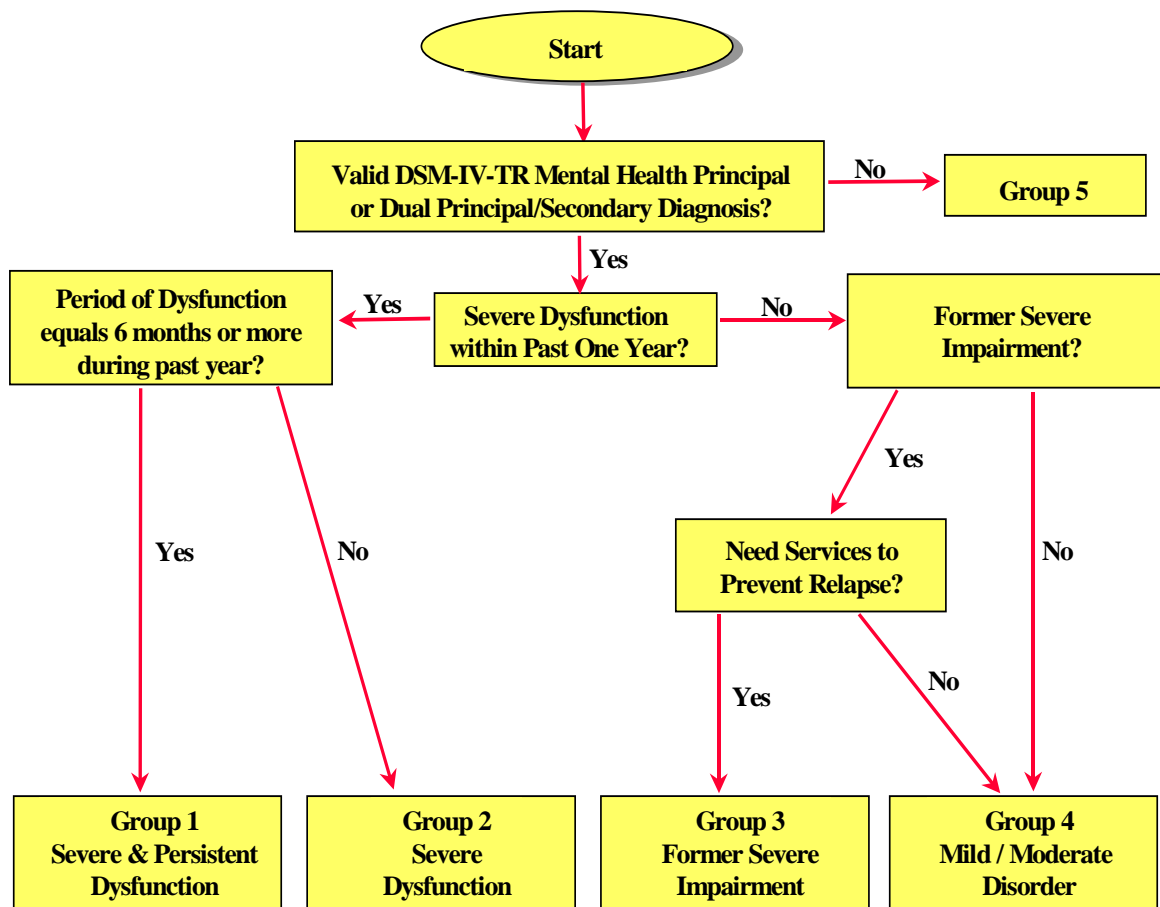
The only items which may be omitted (left blank) are the consumer's middle initial, dual principal/secondary diagnosis if there is not one, and items #11 and #12 only in an initial Assessment if there is no information available to determine *Highest and Lowest GAF* in last one year.

THE TENNESSEE CRG FORM OVERVIEW

CLASSIFICATION ALGORITHM

As previously noted, defining and classifying consumers into clinically related groups involves diagnosis, the severity of functional impairment, the duration of severe functional impairment, and need for services to prevent relapse.

Figure 1. Flow Chart for Consumer Groups



The Tennessee CRG form operationalizes the criteria needed to classify consumers into one of five clinically related groups. The five clinically related groups are defined as follows:

**Group
1**

Persons with Severe and Persistent Mental Illness (SPMI):

Persons in this group are recently severely impaired and the duration of their severe impairment totals six months or longer of the past year.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis*. Their functioning is currently, or in the last year has been, severely impaired and the duration of their impairment totals six months or longer in the past year. These individuals may have needed intermediate or long term inpatient care, though hospitalization is not a requirement for classification into CRG 1. These individuals require constant assistance or supervision with daily living activities such as paying bills, using public transportation, and maintaining a residence. These persons display an inability to relate to others which interferes with their ability to work and their family relationships and usually results in social isolation in the community. Changes in the environment are stressful and may result in further withdrawal or dysfunction in other areas. Support is needed to ensure the person's safety and survival.

**Group
2**

Persons with Severe Mental Illness (SMI):

Persons in this group are recently severely impaired and the duration of their severe impairment totals less than six months of the past year.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis*. Their functioning is currently, or in the last one year has been, severely impaired and the duration of their impairment totals less than six months in the past year. These individuals may have needed acute inpatient care, though hospitalization is not a requirement for classification into CRG 2.

These individuals have extensive problems with performing daily routine activities and require frequent assistance. These persons have substantial impairment in their ability to take part in social activities or relationships which often results in social isolation in the community. They have extensive difficulty adjusting to change. Assistance with activities of daily living is necessary to survival in the community. These persons have difficulty completing simple tasks but with assistance could work in a highly supervised setting.

**Group
3**

Persons who are Formerly Severely Impaired:

Persons in this group are not recently severely impaired but have been severely impaired in the past and need services to prevent relapse.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis*. Their functioning has not been recently severely impaired (within the last one year) but has been severely impaired in the past, due to mental illness, and they need services to prevent relapse. These individuals generally need long term continued support.

Characteristics of this population may include regular or frequent problems with performing daily routine activities. They may require some supervision although they can survive without it. These persons have noticeable disruption in social relations although they are capable of taking part in a variety of social activities. Inadequate social skills have a serious negative impact on the person's life, however, some social roles are maintained with support. These persons can complete tasks with prompting and help and can function in the workplace with assistance even though the experience may be stressful. There is sometimes noticeable difficulty in accepting and adjusting to change and the person may require some intervention to cope successfully.

**Group
4**

Persons with Mild or Moderate Mental Disorders:

Persons in this group are *neither* recently severely impaired *nor* formerly severely impaired *or* are formerly severely impaired but do not need services to prevent relapse.

These persons are 18 years or older and have been diagnosed with a valid, current DSM-IV-TR diagnosis*, but are *neither* recently severely impaired *nor* formerly severely impaired *or* are formerly severely impaired but do not need services to prevent relapse. These individuals primarily need access to outpatient services.

An individual in this group may have occasional problems performing daily routine activities and could benefit from some assistance. They are at least partially integrated into their community, use natural supports, and when engaged, participate in appropriate interaction with others. Even though there may be some impairment when relating to others, this does not affect the person's other areas of life. These persons may have occasional difficulty concentrating but can complete tasks with assistance. They may need support when adapting to change.

**Group
5**

Persons who are not in clinically related groups 1-4 as a result of their diagnosis(es):

Persons in this group include those diagnosed with *only* substance use disorders, developmental disorders and/or V-codes.

These persons are 18 years or older and have not been diagnosed with a psychiatric disorder. All of their diagnosis(es) are included in the categories of substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges: 299.00 - 299.80, 315.00 - 319) or V-Codes (DSM-IV-TR range: V15.81 - V71.09).

Exclusionary Diagnoses

* A valid, current DSM-IV-TR diagnosis is a term used in identifying diagnoses used in the determination of CRG Group 1 through CRG Group 4, and is a diagnosis that is *not* included in the categories of substance use disorders (DSM-IV-TR ranges: 291.0 - 292.9, 303.00 - 305.90), developmental disorders (DSM-IV-TR ranges 299.00 - 299.80, 315.00 - 319) or V-Codes (DSM-IV-TR range: V15.81 - V71.09). Persons with a *valid, current DSM-IV-TR diagnosis* may include those persons diagnosed concurrently with a valid, current DSM-IV-TR diagnosis and a diagnosis included in the categories noted above (e.g. a person with a valid, current DSM-IV-TR diagnosis may be dually diagnosed with Major Depression and Mild Mental Retardation). This determination is based on the definition of Adults with a Serious Mental Illness from the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services published in the Federal Register.

INSTRUCTIONS FOR COMPLETING THE TENNESSEE CRG FORM

- 1. Type of Assessment:** Check the box next to the applicable item. *Initial Assessments* are those completed on a consumer for the first time during the time the case is active. *Correction Assessments* are those completed to correct a previously completed and erred CRG. *Update Assessments* are completed in order to update the information on a consumer. Update Assessments include 12-month Reassessments.
- 2. MCO/BHO ID Number:** Enter the number that corresponds with the consumer's MCO/BHO. Currently the MCO/BHO ID Numbers are:

Premier Behavioral Systems	081
Tennessee Behavioral Health	082
AmeriChoice	131
BCBST/VSHP/VO	128
AmeriGroup	132
Unknown (for TDMHDD use only)	099

- 3. Consumer's Social Security Number:** Enter the consumer's nine-digit social security number (SSN). If possible, verify that the number is correct by asking to see the consumer's Social Security card or driver's license.
 - When a consumer does not have a social security number, enter 999-88-7777.
 - When a consumer chooses to not provide you with their social security number enter 999-66-5555.
 - When your agency has the consumer's SSN, but the consumer refuses to sign the "consent to release information form" to TDMHDD, the MCO/BHO, or another payor enter 999-44-3333. Inform the individual that it will not be possible to verify their TennCare eligibility without their correct social security number.
- 4. Consumer's First Name:** Using upper case letters, enter the consumer's first name. If possible, check with the consumer to ensure that the correct name and spelling is being entered.
- 5. Consumer's Middle Initial:** Using an upper case letter, enter the consumer's middle initial. This item may be left blank if the initial is unknown or the individual does not have a middle name.
- 6. Consumer's Last Name:** Using upper case letters, enter the consumer's last name. If more than one name is used, enter the consumer's name as it appears on the TennCare card. If the consumer's last name changes due to marriage, divorce, etc., submit Reassessments using the consumer's most **current** name as it appears on the TennCare card.

7. **Consumer's Birth Date:** Enter the consumer's birth date in the MM/DD/CCYY format, (e.g. 01/01/1970 for January 1, 1970). Since CRGs are to be conducted only for adults, the TDMHDD system will mark the Assessment in error if the birth date indicates that the person is less than eighteen years of age on the day the Assessment was completed.
8. **Principal Diagnosis:** Enter the DSM-IV-TR code *exactly* for the current principal diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces (e.g. if the diagnosis is Depressive Disorder NOS, enter 311. Do *not* enter 31100 in order to fill all of the spaces).
9. **Dual Principal/Secondary Diagnosis:** Enter the DSM-IV-TR code *exactly* for the current dual principal/secondary diagnosis. Leave any additional spaces blank if the DSM-IV-TR code does not use all of the available spaces.

Functional Assessment Scales (#10 - #13)

In completing the four functional Assessments scales (#10-#13), focus on the consumer's lowest level of functioning during the past year. The four functional scales should describe the level of impairment due to mental illness, using:

- 1 for extreme dysfunction
- 2 for marked dysfunction
- 3 for moderate dysfunction
- 4 for mild dysfunction
- 5 for none

Refer to Appendix A, "Additional Guidelines for Assessing Level of Functioning", for the expanded criteria for each scale.

Below each scale item, an area is set aside for documentation of information utilized in making the rating decision or for referencing specific pages in the clinical record where documentation can be found (e.g. "see case note dated 6/11/02", "unable to maintain hygiene", "holds full time job without difficulty"). Documentation on the CRG form does not negate the clinical responsibility for maintaining well-documented case records for the consumer. All information noted on the CRG should also be noted within the client record during the appropriate period prior to Assessment.

Each functional domain is described below:

10. **Activities of Daily Living:** Include activities such as cleaning; shopping; taking public transportation; paying bills; maintaining a residence; grooming and hygiene; using telephones and directories; using a post office; etc. Also taken into account is the individual's independence, appropriateness, and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervision or direction.

11. Interpersonal Functioning: Capacity to interact appropriately and communicate effectively with others and get along with family and community. Deficits are reflected in history of altercations; evictions or firings; fear of strangers; avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact and to participate actively in groups, cooperative behavior, and consideration of and sensitivity to others' feelings.

12. Concentration, Task Performance, and Pace: Ability to sustain focused attention for long enough time to permit the completion of tasks commonly found in work settings or other structured situations in school and home. Deficits are reflected in inability to concentrate and/or complete simple tasks within required time; committing frequent errors; or requiring assistance in completing such tasks.

13. Adaptation to Change: Ability to cope with stressful circumstances associated with work, school, family, or social interaction. Deficits are reflected when any unexpected environmental change causes agitation; exacerbation of signs and symptoms associated with the illness; or withdrawal from the stressful situation.

Group Determination Criteria (#14 - #17)

14. Severity of Impairment: Any of the following four patterns of responses to Questions #10 to #13 will indicate "YES," the consumer was severely impaired within the last year:

Moderate (3) impairment in all four areas (3, 3, 3, 3) OR

Moderate (3) impairment in three areas and **Extreme (1)** or **Marked (2)** in one area (3, 3, 3, 1) or (3,3,3,2) OR

Marked (2) impairment in at least two areas (eg., 2, 2, 5, 4) OR

Extreme (1) impairment in at least one area (eg., 1, 2, 3, 4)

If Severity of Impairment is marked "YES" then the rater should go to Question #15.

If Severity of Impairment is marked "NO" then the rater should skip Question #15 (leave it blank) and Go to Question #16.

15. Duration: This item should be answered only if there was a recent period of severe impairment ("YES" to Question #14 on Severity). Answer "YES" to this question if the recent period of severe impairment lasted for a total of **six months or longer** during the past year. The period of six months need not be consecutive; the severe impairment could come and go, but must total at least six months out of the past year to answer "YES." Answer "NO" to this question if the consumer did not experience a cumulative six-month period of severe dysfunction in the past year.

After answering this Question, regardless of the response, the rater should go to #18 (skip Questions #16 and #17 - leave both blank).

16. Formerly Severe: If the consumer has not experienced a period of severe dysfunction in the last year ("NO" to #14), then indicate if the consumer has experienced periods of severe impairment at anytime in the past.

If *Formerly Severe* is marked "YES" then the rater should go to Question #17.

If *Formerly Severe* is marked "NO" then the rater should skip Question #17 (leave it blank) and go to #18.

17. Needs Services to Prevent Relapse: If the consumer has had periods of severe dysfunction due to mental illness in the past ("YES" to #16), does the person need services from a mental health provider to prevent relapse? If "YES", indicate in the space provided the service(s) recommended in the consumer's treatment plan.

18. Determination of Consumer Group: Question #18 shows you how to make an assignment to the appropriate clinically related group. Assignment to a clinically related group depends on diagnosis, the recent presence and the duration of severe impairment, past severe impairment due to mental illness and/or on the need for services to prevent relapse. Raters should first review the consumer's diagnosis(es) to evaluate if the consumer diagnostically falls into CRG Group 5. If all of the diagnoses indicated fall into the noted categories/values listed under the criteria for Group 5, then the CRG falls into Group 5. If the consumer *either* does not have a diagnosis that falls into the Group 5 ranges, **or** has a diagnosis in the Group 5 ranges and another diagnosis that falls outside the noted ranges, then the rater should follow the directions and criteria listed for each of the CRG Groups until a match is made.

19. Reason for Assessment: Rater should select and check *one* reason that the CRG Assessment is being completed.

20. Date of Request/Circumstance: Enter the date that the CRG Assessment was requested (e.g. consumer or MCO/BHO requested an Assessment) using the MM/DD/CCYY format. This date must be the same as or prior to the date of Assessment (#21).

21. Date of Assessment: Enter the date that the CRG Assessment was completed using the MM/DD/CCYY format.

22. Consumer Information Indicator: Check the box that best represents the adequacy of the information available to the rater to assess the consumer's status (minimal, adequate, or substantial).

Global Assessment of Functioning

Using the DSM-IV-TR GAF Scale, rate the consumer's level of functioning as indicated. Two digit GAF Scores should be entered in the spaces provided preceded by a zero (0).

23. Consumer's Current GAF: Enter the consumer's GAF at the time of Assessment. A *Current* GAF Score must be entered.

24. Consumer's Highest GAF: Enter the consumer's Highest GAF within the last one-year. If there is no information available to determine Highest GAF in last one year, this item may be left **blank** in an initial Assessment. A Highest GAF Score must be entered for all update Assessments.

25. Consumer's Lowest GAF: Enter the consumer's Lowest GAF within the last one-year. If there is no information available to determine Lowest GAF in last one year, this item may be left **blank** in an initial Assessment. A Lowest GAF Score must be entered for all update Assessments.

26. Program Code: Indicate the program code for the consumer by checking *one* of the items listed. If uncertain, consult with your agency insurance/billing office regarding the consumer's TennCare Eligibility Category.

27. Rater's TennCare Provider ID Number: Enter the information in the spaces provided as indicated below:

- First nine (9) digits - The rater's SSN, used to establish the rater in the TDMHDD database as an approved rater.
- Next two (2) digits - Location code - a specific two-digit code that designates the site of the agency where the Assessments are conducted. Each agency has their own list of location codes, and submits these to the MCO/BHOs. These codes must be consistent across the MCO/BHOs.
- Next two (2) digits - Service Component - A specific two-digit code that designates the service administered - for CRG Assessments, the two digit code is 51.
- Last two (2) digits - MCO/BHO ID Number - A specific two digit code which designates the MCO/BHO.

Premier Behavioral Systems	81
Tennessee Behavioral Health	82
AmeriChoice	31
BCBST/VSHP/VO	28
AmeriGroup	32
Unknown (for TDMHDD use only)	99

The only items which may be omitted (left blank) are the consumer's middle initial, dual primary/secondary diagnosis if there is not one, questions # 15, #16, and/or #17 (if instructed to skip these items after answering previous questions), and items #24 and #25 only in an initial Assessment if there is no information available to determine *Highest and Lowest GAF* in last one year.

ERROR REPORTS AND ASSESSMENT RESULTS

The TPG/CRG Assessments are submitted to the MCO/BHOs. Each agency submits Assessments completed at their facility as a combination of alpha (letters) and numeric (numbers) coding. This coding is based on the responses on the Assessment and the established Information Systems guidelines (See Appendix D “TPG/CRG Record Layout”). The coded information is then submitted to the appropriate MCO/BHO and checked for errors. When errors are identified, the Assessment is returned to the agency with an error code indicating the element of the Assessment that was not correct. Agencies are responsible for correcting identified errors and resubmitting the Assessment. A complete listing of the TPG/CRG Error Codes and a brief description of each is included in this manual (See Appendix E and Appendix F for a full list of errors and Table 1 and 2 for common errors).

It is vitally important, therefore, that the Assessment forms be completed as accurately as possible. Raters should closely follow the instructions on the TPG/CRG forms and in this manual. Additionally, the CRG Data Dictionary (See Appendix G) and the TPG Data Dictionary (See Appendix H) contain information that will assist in the submission of error-free records and in understanding error codes in the event that a record is returned for correction. It is also very important that the data be entered correctly into the computer for electronic submission.

Table 1 and Table 2 below show common errors and potential reasons for errors. The lists are not exhaustive. For a more comprehensive listing, see Appendix E and Appendix F. Please note that not all errors are due to Rater mistakes. For example, TPG/CRG errors may be due to incorrect data entry for electronic submission, agency, MCO/BHO, and/or TennCare database errors, or as a safety mechanism to avoid consumer losing benefits. It is important that all possibilities be checked for each error in order to rule out any other problems when the record is returned for correction. Each returned Assessment should be examined after an error is corrected, as some changes may alter other portions of the Assessment.

Table 1: TPG errors

Table of Common TPG Errors

Error Code	Edit Error Message	Common Reasons for Errors
T01	Invalid Record Type	<ul style="list-style-type: none"> • Incorrect data entry
T02	Invalid Action Code	<ul style="list-style-type: none"> • left blank • incorrect data entry
T03	Invalid MCO/BHO Number	<ul style="list-style-type: none"> • left blank • incorrect MCO/BHO number entered • incorrect data entry
T04	Invalid Consumer SSN (Current)	<ul style="list-style-type: none"> • left blank • incorrect data entry
T05	First/Last Name Missing	<ul style="list-style-type: none"> • left blank • incorrect data entry
T06	Invalid Date of Birth (Current)	<ul style="list-style-type: none"> • left blank • incorrect date entered • incorrect data entry
T07	DOB (current) not LE 17 years	<ul style="list-style-type: none"> • consumer was not less than or seventeen years old on date of Assessment • incorrect data entry
T08	Invalid Principal Diagnosis	<ul style="list-style-type: none"> • diagnosis coding not from DSM-IV (e.g. includes zeros instead of blanks) • diagnosis coding incorrect (e.g. no known diagnosis for code given, perhaps transposed numbers) • left blank • incorrect data entry
T09	Invalid Secondary Diagnosis	<ul style="list-style-type: none"> • see T08 error above
T10	Invalid GAF Current	<ul style="list-style-type: none"> • Current GAF left blank • GAF not preceded by zero (e.g. 075) • incorrect data entry
T11	Invalid GAF Highest	<ul style="list-style-type: none"> • GAF not preceded by zero (e.g. 075) • incorrect data entry
T13	Invalid Severity of Impairment	<ul style="list-style-type: none"> • left blank • incorrect data entry
T14	Invalid Children with SED	<ul style="list-style-type: none"> • left blank • incorrect data entry

T15	Invalid Environment Issues	<ul style="list-style-type: none"> • left blank • incorrect data entry
T16	Invalid Family Issues	<ul style="list-style-type: none"> • left blank • incorrect data entry
T17	Invalid Trauma Issues	<ul style="list-style-type: none"> • left blank • incorrect data entry
T18	Invalid Social Skills Issues	<ul style="list-style-type: none"> • left blank • incorrect data entry
T19	Invalid Abuse/Neglect Issues	<ul style="list-style-type: none"> • left blank • incorrect data entry
T20	Invalid At Risk of SED	<ul style="list-style-type: none"> • left blank • incorrect data entry
T21	Invalid Determined TPG	<ul style="list-style-type: none"> • left blank • incorrect data entry
T22	Invalid Reason for Assessment	<ul style="list-style-type: none"> • left blank • incorrect data entry
T23	Invalid Date of Request	<ul style="list-style-type: none"> • did not enter full date • date is wrong • date of request is later than date of Assessment • date of request is later than date of submission • left blank • incorrect data entry
T24	Invalid Date of Assessment	<ul style="list-style-type: none"> • did not enter full date • date is wrong • date of Assessment is later than date of submission • left blank • incorrect data entry
T25	Invalid Adequate Information	<ul style="list-style-type: none"> • left blank • incorrect data entry
T26	Missing TennCare Provider Number	<ul style="list-style-type: none"> • left blank • incorrect data entry
T27	Invalid TennCare Provider Number	<ul style="list-style-type: none"> • incorrect/invalid rater SSN • incorrect/invalid location code • incorrect service component (for TPG should be "F2") • incorrect/invalid MCO/BHO • left blank • incorrect data entry
T28	Invalid Program Code	<ul style="list-style-type: none"> • left blank • incorrect data entry
T29	Invalid TPG=2, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for TPG 2 (e.g. Substance Abuse diagnosis only)

		<ul style="list-style-type: none"> • incorrect data entry
T30	Invalid TPG=3, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for TPG 3 (e.g. Substance Abuse diagnosis only) • incorrect data entry
T31	Invalid TPG=4, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for TPG 4 (e.g. Substance Abuse diagnosis only) • incorrect data entry
T32	Invalid Principal / Secondary Diagnosis for Child with SED	<ul style="list-style-type: none"> • incorrect diagnosis(es) for Child with SED (e.g. Substance Abuse diagnosis only) • incorrect data entry
T33	GAF Score is <u>not</u> Lower Than 51 <u>Cannot</u> be Group 2	<ul style="list-style-type: none"> • GAF score is 51 or higher for TPG 2 • incorrect data entry
T34	Incorrect Match to TDMHDD Provider Master File	<ul style="list-style-type: none"> • incorrect rater SSN • rater not approved by TDMHDD • rater approved but not in the TDMHDD database • entered Agency EIN number instead of rater SSN • location code incorrect/invalid • incorrect data entry
T35	Incorrect Match to TennCare Master File by SSN or Name or DOB	<ul style="list-style-type: none"> • information about consumer does not match TennCare information
T36	TPG Assessment Determination Code (#21) will result in Loss of Benefits	<ul style="list-style-type: none"> • TPG will result in consumer moving from TPG 2 (Priority Population) to TPG 3 or 4 (Non-priority Population).
T37 – T49	Error Codes not used at this time	
T50 – T64	Error Codes no longer exist	

Table 2: CRG errors

Table of Common CRG Errors

Error Code	Edit Error Message	Common Reasons for Errors
C01	Invalid Record Type	<ul style="list-style-type: none"> • incorrect data entry
C02	Invalid Action Code	<ul style="list-style-type: none"> • left blank • incorrect data entry
C03	Invalid MCO/BHO Number	<ul style="list-style-type: none"> • left blank • incorrect MCO/BHO number entered • incorrect data entry
C04	Invalid Consumer SSN (Current)	<ul style="list-style-type: none"> • left blank • incorrect data entry
C05	First/Last Name Missing	<ul style="list-style-type: none"> • left blank • incorrect data entry
C06	Invalid Date of Birth (Current)	<ul style="list-style-type: none"> • left blank • incorrect date entered • incorrect data entry
C07	DOB (current) not GE 18 years	<ul style="list-style-type: none"> • consumer was not yet eighteen years old on date of Assessment • incorrect data entry
C08	Invalid Principal Diagnosis	<ul style="list-style-type: none"> • diagnosis coding not from DSM-IV-TR (e.g. includes zeros instead of blanks) • diagnosis coding incorrect (e.g. no known diagnosis for code given, perhaps transposed numbers) • left blank • incorrect data entry
C09	Invalid Secondary Diagnosis	<ul style="list-style-type: none"> • see C08 error above
C10	Invalid GAF Current	<ul style="list-style-type: none"> • Current GAF left blank • GAF not preceded by zero (e.g. 075) • incorrect data entry
C11	Invalid GAF Highest	<ul style="list-style-type: none"> • GAF not preceded by zero (e.g. 075) • incorrect data entry
C12	Invalid GAF Lowest	<ul style="list-style-type: none"> • GAF not preceded by zero (e.g. 075) • incorrect data entry
C13	Invalid Activities of Daily	<ul style="list-style-type: none"> • left blank

	Living	<ul style="list-style-type: none"> • incorrect data entry
C14	Invalid Interpersonal Functioning	<ul style="list-style-type: none"> • left blank • incorrect data entry
C15	Invalid Concentration/Task	<ul style="list-style-type: none"> • left blank • incorrect data entry
C16	Invalid Adaptation to Change	<ul style="list-style-type: none"> • left blank • incorrect data entry
C17	Invalid Severe Impairment	<ul style="list-style-type: none"> • left blank • incorrect data entry
C18	Invalid Duration	<ul style="list-style-type: none"> • incorrect data entry
C19	Invalid Former Impairment	<ul style="list-style-type: none"> • incorrect data entry
C20	Invalid Needs Services to Prevent Relapse	<ul style="list-style-type: none"> • incorrect data entry
C21	Invalid Determined CRG	<ul style="list-style-type: none"> • left blank • incorrect data entry
C22	Invalid Reason for Assessment	<ul style="list-style-type: none"> • left blank • incorrect data entry
C23	Invalid Date of Request	<ul style="list-style-type: none"> • did not enter full date • date is wrong • date of request is later than date of Assessment • date of request is later than date of submission • left blank • incorrect data entry
C24	Invalid Date of Assessment	<ul style="list-style-type: none"> • did not enter full date • date is wrong • date of Assessment is later than date of submission • left blank • incorrect data entry
C25	Invalid Adequate Information	<ul style="list-style-type: none"> • left blank • incorrect data entry
C26	Missing TennCare Provider Number	<ul style="list-style-type: none"> • left blank • incorrect data entry
C27	Invalid TennCare Provider Number	<ul style="list-style-type: none"> • incorrect/invalid rater SSN • incorrect/invalid location code • incorrect service component (for CRG should be "51") • incorrect/invalid MCO/BHO • left blank • incorrect data entry
C28	Invalid Program Code	<ul style="list-style-type: none"> • left blank • incorrect data entry
C29	Invalid CRG=1, for Principal / Secondary	<ul style="list-style-type: none"> • incorrect diagnosis(es) for CRG 1 (e.g. Substance Abuse

	Diagnosis	diagnosis only) <ul style="list-style-type: none"> • incorrect data entry
C30	Invalid CRG=2, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for CRG 2 (e.g. Substance Abuse diagnosis only) • incorrect data entry
C31	Invalid CRG=3, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for CRG 3 (e.g. Substance Abuse diagnosis only) • incorrect data entry
C32	Invalid CRG=4, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for CRG 4 (e.g. Substance Abuse diagnosis only) • incorrect data entry
C33	Invalid CRG=5, for Principal / Secondary Diagnosis	<ul style="list-style-type: none"> • incorrect diagnosis(es) for CRG 5 (e.g. diagnosis(es) not Substance Abuse, Developmental Disorder, or V-Code) • incorrect data entry
C34	Incorrect Match to TDMHDD Provider Master File	<ul style="list-style-type: none"> • incorrect rater SSN • rater not approved by TDMHDD • rater approved but not in TDMHDD database • entered Agency EIN number instead of rater SSN • location code incorrect/invalid • incorrect data entry
C35	Incorrect Match to TennCare Master File by SSN or Name or DOB	<ul style="list-style-type: none"> • information about consumer does not match TennCare information
C36	Invalid/Missing Value for Duration Item #15	<ul style="list-style-type: none"> • left blank (if indicated “YES” on Severe Impairment, this item must be answered) • incorrect data entry
C37	Invalid/Missing Value for Formerly Severely Impaired	<ul style="list-style-type: none"> • left blank (if answered “NO” to Severe Impairment, this item must be answered) • incorrect data entry
C38	Invalid/Missing Value for Relapse Prevention	<ul style="list-style-type: none"> • left blank (if answered “YES” to Formerly Severely Impaired, this item must be answered) • incorrect data entry
C39	CRG Assessment Determination Code (#18) does not equal Computed CRG Assessment	<ul style="list-style-type: none"> • incorrect CRG group selected based on information given on Assessment • incorrect data entry

	Determination Code	
C40	CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16)	<ul style="list-style-type: none"> • left blank or answered “NO” (must be “YES” if determined CRG Group (#18) will result in individual moving from CRG 1, 2 or 3 to CRG 4 or 5)
C41	CRG Assessment Determination Code (#18) will result in Loss of Benefits	<ul style="list-style-type: none"> • CRG will result in consumer moving from CRG 1, 2 or 3 (Priority Population) to CRG 4 or 5 (Non-priority Population).
C42 - C49	Error Codes not used at this time	
C50 – C64	Error Codes no longer exist	

Appendix A

CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

IMPAIRMENT IN ACTIVITIES OF DAILY LIVING

General Guidelines:

Use this scale to assess the level of functional impairment in activities of daily living due to mental illness. Assess the need for assistance to perform routine daily activities, initiative, danger to survival without support and the ability to complete tasks. Consider activities such as cleaning, shopping, taking public transportation, paying bills, maintaining a residence, grooming or hygiene, using telephones and directories, using a post office and the like. Also taken into account are the individual's independence, appropriateness and effectiveness in executing these skills, as well as the ability to initiate and participate in such activities without supervisor or direction.

EXTREME	MARKED	MODERATE	MILD	NONE
Person shows total dependence requires constant assistance or supervision in most areas.	Assistance NECESSARY to survival in the community.	Although can survive without supervision or assistance, does better with it.	Could BENEFIT from some professional assistance.	Would not singly draw attention to him/herself
Without assistance there would be a failure to thrive.		Has regular problems with performing daily routine activities, e.g., would go to store, but would need help to get the appropriate provisions.		Would not affect "normal" functioning.
Extreme dysfunction that may endanger person's survival		Assistance is required to perform up to acceptable standards or to complete tasks appropriately.		Not "perfect", but within normal, expected limits.
Danger to survival includes behavior				Would not elicit offer of professional assistance.

CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

IMPAIRMENT IN INTERPERSONAL FUNCTIONING

General Guidelines:

Use this scale to assess the level of functional impairment in interpersonal skills due to mental illness. Assess to what extent isolation/withdrawal and aggression have impacted life pursuits. Consider capacity to interact appropriately and communicate effectively with others, and get along with family and community. Deficits are reflected in history of altercations, evictions or firings, fear of strangers, avoidance of interpersonal relationships and social isolation. Strengths are reflected in ability to initiate social contact, participate actively in groups, cooperate behavior, and sensitivity to others feelings.

EXTREME	MARKED	MODERATE	MILD	NONE
Complete isolation, total withdrawal from others.	May cause destruction to property, threaten others, but overt physical aggression remains under some control.	Noticeable disruption in social relations, but can be helped to preserve self and achieve a proper resolution of conflicts.	Characteristic ways of relating to others are impaired but do not affect other areas of life.	Person manages self and interacts with others within expected social, developmental and cultural norm.
Inability to manage self and relate to others interferes with major life pursuits (work, school, family).	Social skills may allow work in a highly supervised setting.	Persistent difficulties, cannot manage self and others without assistance.		Behavior is not remarkable or noticeable.
Social inadequacy is a source of major distress.		Inadequate social skills have serious negative impact on person's life. However, some social roles are maintained, possible with support.		Would not elicit offer of professional assistance.
Capable of actions that harms others intentionally, and without apparent provocation.	May be verbally abusive, over reacting to even mild provocations. Assistance is needed to keep behavior from having a serious negative impact on a person's life goals.		Social function does not impede normal life tasks such as schoolwork.	

CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

IMPAIRMENT IN CONCENTRATION, TASK PERFORMANCE AND PACE

General Guidelines:

Use this scale to assess the level of functional impairment in concentration, task performance and pace due to mental illness. Specifically assess the ability to perform short, simple routine tasks. Ability to concentrate and perform should be looked at independently of motivation or skill level. Consider ability to sustain focused attention for a long enough time to permit the completion of tasks commonly found in work, school, home, volunteer work, hobbies and other routine activities in structured settings. Deficits are reflected in inability to concentrate, complete simple tasks within the required time, committing frequent errors or requiring assistance in completion of such tasks.

EXTREME	MARKED	MODERATE	MILD	NONE
Complete inability to process information (no short-term memory, short attention span).	Could only work in a highly supervised setting.	Person can complete tasks but not in a timely fashion.	Person is self-limiting, may manage, but is in distress.	Functions well within expected limits.
Impaired task performance, interferes with ADL and poses threat to survival (safety issues).	Can only participate in activities with supervision.	Need for prompting and help.		Unremarkable task performance, appropriate for ability, age, education and environmental variation (within situational stress expectations).
Impairment <u>precludes</u> work or school		Person can minimally function in a competitive workplace, although needs assistance and may find the experience stressful		No observable difficulties in sustaining concentration needed to complete tasks.
Person needs total assistance to complete the simplest task.		Person becomes overwhelmed by added demands or increasing task complexity. Impairment begins to paralyze, but assistance enabled continued work.		Able to function in a competitive workplace without assistance.

CRG SURVEY: Additional Guidelines for Assessing Level of Functioning

IMPAIRMENT IN ADAPTATION TO CHANGE

General Guidelines:

Use this scale to assess the level of functional impairment in adaptation to change due to mental illness. Consider repeated failure to adapt to stressful circumstances associated with work, school, family, service provider or social interaction. Any unexpected environment change may cause agitation or exacerbation of signs and symptoms associated with the illness, or withdrawal from the stressful situation.

EXTREME	MARKED	MODERATE	MILD	NONE
Person shows total dependence requires constant assistance or supervision in most areas.	Assistance NECESSARY to survival in the community.	Although can survive without supervision or assistance, does better with it.	Could BENEFIT from some professional assistance.	Would not singly draw attention to him/herself
Without assistance there would be a failure to thrive.		Has regular problems with performing daily routine activities, e.g., would go to store, but would need help to get the appropriate provisions.		Would not affect "normal" functioning.
Extreme dysfunction that may endanger person's survival		Assistance is required to perform up to acceptable standards or to complete tasks appropriately.		Not "perfect", but within normal, expected limits.
Danger to survival includes behavior				Would not elicit offer of professional assistance.

Appendix B

Please see attached document for TPG form dated 4/1/2004

Appendix C

Please see attached document for CRG form dated 4/1/2004

Appendix D

**Target Population Group Assessment
Record Layout**

Field Name	Length	From/To	Type	Value(s)	* Required
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
MCO/BHO ID Num	3	3-5	N	081, 082, 131, 132, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000- 100	
GAF Lowest	3	71-73	A/N	Spaces, 000- 100	
Severe Impairment	1	74	N	1,2	*
Children With SED	1	75	N	1,2	*
Environmental Factors	1	76	N	1,2,9	*
Level of Family Dysfunction	1	77	N	1,2,9	*
Traumatic Events	1	78	N	1,2,9	*
Social Skills	1	79	N	1,2,9	*
Abuse Neglect	1	80	N	1,2,9	*
At Risk of SED	1	81	N	1,2	*
Determine TPG	1	82	N	2-4	*
Reason for Assessment	2	83-84	N	01-14	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

**Clinically Related Group Assessment
Record Layout**

Field Name	Length	From/To	Type	Value(s)	* Required
Record ID Type	1	1	A	T=TPG	*
Action Code	1	2	A	N,C,U	*
MCO/BHO ID Num	3	3-5	N	081, 082, 131, 132, 099	*
Consumer's SSN	9	6-14	N	See Data Dict.	*
First Name	10	15-24	A	A-Z	*
Middle Initial	1	25	A	A-Z, Spaces	
Last Name	19	26-44	A	A-Z	*
Date of Birth	8	45-52	N	MMDDCCYY	*
Principal Diagnosis At Assessment	5	53-57	A/N	See Data Dict.	*
Filler	1	58	A	Spaces	
Dual Princ/Second Diag At Assessment	5	59-63	A/N	See Data Dict.	
Filler	1	64	A	Spaces	
GAF At Assessment	3	65-67	N	000-100	*
GAF Highest	3	68-70	A/N	Spaces, 000- 100	
GAF Lowest	3	71-73	A/N	Spaces, 000- 100	
Activities of Daily Living	1	74	N	1-5	*
Interpersonal Functioning	1	75	N	1-5	*
Concentration Task Pace	1	76	N	1-5	*
Adaptation to Change	1	77	N	1-5	*
Severe Impairment	1	78	N	1,2	*
Duration	1	79	N	1,2,9	*
Former Impairment	1	80	N	1,2,9	*
Needs Srvs to Prev Relapse	1	81	N	1,2,9	*
Determine CRG	1	82	N	1-5	*
Reason for Assessment	2	83-84	N	01-15	*
Date of Request	8	85-92	N	MMDDCCYY	
Date of Assessment	8	93-100	N	MMDDCCYY	*
Adequate Info	1	101	N	1-3	*
Filler	9	102-110	A	Spaces	
TennCare Provider Number	15	111-125	A/N	A-Z, 0-9	*
Program Code	1	126	A	S,J,T,U	
Filler	12	127-138	A	Spaces	
Creation Date	8	139-146	N	MMDDCCYY	*
Creation Time	4	147-150	N	HHMM	*

Appendix E

TPG EDIT ERROR MESSAGES

T01	Invalid Record Type 'not = T'
T02	Invalid Action Code 'not = N or C or U'
T03	Invalid MCO/BHO number 'not = 081 or 082 or 131 or 132 or 099 or missing'
T04	Invalid Consumer SSN (current) 'see data dictionary'
T05	First/Last Name Missing
T06	Invalid Date of Birth (current)
T07	DOB (current) not LE 17 years
T08	Invalid Principal Diagnosis 'see data dictionary'
T09	Invalid Secondary Diagnosis 'see data dictionary'
T10	Invalid GAF Current 'not = 000-100'
T11	Invalid GAF Highest 'not = 100-100 not=spaces'
T12	Invalid GAF Lowest 'not = 000-100 or not=spaces'
T13	Invalid Severe Impairment 'not = 1 or 2'
T14	Invalid Children with SED 'not = 1 or 2'
T15	Invalid Environmental Factors 'not = 1 or 2 or 9'
T16	Invalid Level Family Dysfunction 'not = 1 or 2 or 9'
T17	Invalid Traumatic Events 'not = 1 or 2 or 9'
T18	Invalid Social Skills 'not = 1 or 2 or 9'
T19	Invalid Abuse Neglect 'not = 1 or 2 or 9'
T20	Invalid At Risk of SED 'not = 1 or 2'
T21	Invalid Determined TPG 'not = 2 – 4'
T22	Invalid Reason for Assessment 'not – 04 – 14'
T23	Invalid Date of Request
T24	Invalid Date of Assessment
T25	Invalid Adequate Information 'not = 1 – 3'

T26	Missing TennCare Provider Number
T27	Invalid TennCare Provider Number
T28	Invalid Program Code 'not = S or J or U or T'
T29	Invalid TPG = 2, Child SED not = Yes
T30	Invalid TPG = 3, Child SED not = No or Risk SED not = Yes
T31	Invalid TPG = 4, Child SED not = No or Risk SED not = NO
T32	Invalid Principal/Secondary Diagnosis for Child SED = Yes
T33	GAF score is <u>not</u> lower than 51, thus TPG Assessment Determination Code <u>cannot</u> be Group 2
T34	Incorrect Match to TDMHDD Provider Master File
T35	Incorrect Match to TennCare Master File by SS# or Name or Date of Birth
T36	TPG Assessment Determination Code (#21) will result in Loss of Benefits (To verify loss of benefits and re-process the TPG Assessment, you must follow "Procedures for Disenrollment from the Priority Population")
T37 – T49	Error Codes not used at this time.
T50 – T64	Error Codes no longer exists

Error codes seen when completing an update of the TPG Assessment:

T4A	Assessment Code Invalid for Age 'Consumer Age greater than 18 yrs.'
T4B	Assessment Code Invalid for St/Only 'Assessed Code not valid for State Only Pgm.'
T4C	Assessed Date <Date on File 'Assessment Date Older than Current Assessment'
T4D	SSN – SSN Not Current 'Consumer SSN Not Current'
T4E	First Name on Update Rec. Not = Consumer First Name 'Invalid First Name for Consumer Match'
T4F	Last Name on Update Rec. Not = Consumer Last Name 'Invalid Last Name for Consumer Match'
T4G	Date of Birth on Update Rec. Not = Consumer Date of Birth 'Invalid Date of Birth for Consumer Match'
T4H	SSN on Update Rec. Not = Consumer SSN 'Invalid SSN for Consumer Match'
T4I	Consumer Eligible, Waiting MCO/BHO Assignment 'MCO/BHO Not Assigned on TennCare Data Base'
T4J	Consumer Not TC/MCO/BHO Eligible 'No Eligibility for Consumer'
T4K	Consumer Not Found 'No Match for Consumer on TennCare Data Base;

T4L	Program Code Downgrade of Benefits 'Assessed Code will cause Loss of Benefits'
T4M	Not Used at this Time
T4N	Downgrade in Benefits Disabled 'Consumer Loss of Benefits'
T4O	Assessment Code and Date Required 'Missing Assessment Code and or Date'
T4P	Assessment Date <960701 'Assessed Date Cannot Be Before 07/01/96'
T4Q	Assessment Date >Last Eligible Period 'No Current Eligibility Period for Assessed Date'
T4R	Assessment Date >Current Processing Date 'Assessment Date in the Future'

Appendix F

CRG EDIT ERROR MESSAGES

C01	Invalid Record Type 'not = C'
C02	Invalid Action Code 'not = N or C or U'
C03	Invalid MCO/BHO number 'not = 081 or 082 or 131 or 132 or 099 or missing'
C04	Invalid Consumer SSN (current) - 'see data dictionary'
C05	First/Last Name Missing
C06	Invalid Date of Birth (current)
C07	DOB (current) not GE 18 years
C08	Invalid Principal Diagnosis - 'see data dictionary'
C09	Invalid Secondary Diagnosis - 'see data dictionary'
C10	Invalid GAF Current 'not = 000-100'
C11	Invalid GAF Highest 'not = 100-100 not=spaces'
C12	Invalid GAF Lowest 'not = 000-100 or not=spaces'
C13	Invalid Activities of Daily Living 'not = 1 - 5'
C14	Invalid Interpersonal Functioning 'not = 1 - 5'
C15	Invalid Concentration Task 'not = 1 - 5'
C16	Invalid Adaptation to Change 'not = 1 - 5'
C17	Invalid Severe Impairment 'not = 1 or 2'
C18	Invalid Duration 'not = 1 or 2 or 9'
C19	Invalid Former Impairment 'not = 1 or 2 or 9'
C20	Invalid Needs Services to Prevent Relapse 'not = 1 or 2 or 9'
C21	Invalid Determined CRG 'not = 1 - 5'
C22	Invalid Reason for Assessment 'not = 01 - 15'
C23	Invalid Date of Request
C24	Invalid Date of Assessment
C25	Invalid Adequate Information 'not = 1 - 3'
C26	Missing TennCare Provider Number
C27	Invalid TennCare Provider Number

C28	Invalid Program Code 'not = S or J or U or T'	Not Applicable
C29	Invalid CRG = 1, for Principal/Secondary Diagnosis	
C30	Invalid CRG = 2, for Principal/Secondary Diagnosis	
C31	Invalid CRG = 3, for Principal/Secondary Diagnosis	
C32	Invalid CRG = 4, for Principal/Secondary Diagnosis	
C33	Invalid CRG = 5, for Principal/Secondary Diagnosis	
C34	Incorrect Match to TDMHDD Provider Master File	
C35	Incorrect Match to TennCare Master File by SS# or Name or Date of Birth	
C36	CRG Assessment with Invalid/Missing Value for the Duration Item (#15) 'must = Yes or No if Severe Functional Impairment (#14) = Yes'	
C37	CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16) 'must = Yes or No if Severe Impairment (#14) = No'	
C38	CRG Assessment with Invalid/Missing Value for the Relapse Prevention (#17) 'must = Yes or No if Formerly Severely Impaired (#16) = Yes'	
C39	CRG Assessment Determination Code (#18) does not equal Computed CRG Assessment Determination Code	
C40	CRG Assessment with Invalid/Missing Value for the Formerly Severely Impaired (#16) 'Must = Yes – if CRG Assessment Determination code (#18) will result in Loss of Benefits'	
C41	CRG Assessment Determination Code (#18) will result in Loss of Benefits (To verify Loss of Benefits and Re-process the CRG Assessment, you must follow "Procedures for Disenrollment from the Priority Population")	
C42-C49	Error Codes not used at this time.	
C50-C64	Error Codes no longer exists.	

Error codes seen when completing the update of CRG Assessment:

C4A	Assessment Code Invalid for Age - 'Consumer Age greater than 18 yrs.'
C4B	Assessment Code Invalid for St/Only - 'Assessed Code not valid for State Only Pgm.'
C4C	Assessed Date <Date on File - 'Assessment Date Older than Current Assessment'
C4D	SSN – SSN Not Current - 'Consumer SSN Not Current'
C4E	First Name on Update Rec. Not = Consumer First Name 'Invalid First Name for Consumer Match'
C4F	Last Name on Update Rec. Not = Consumer Last Name 'Invalid Last Name for Consumer Match'
C4G	Date of Birth on Update Rec. Not = Consumer Date of Birth 'Invalid Date of Birth for Consumer Match'
C4H	SSN on Update Rec. Not = Consumer SSN Invalid SSN for Consumer Match'
C4I	Consumer Eligible, Waiting MCO/BHO Assignment Informational Error 'MCO/BHO Not Assigned on TennCare Data Base'
C4J	Consumer Not TC/MCO/BHO Eligible Informational Error 'No Eligibility for Consumer'
C4K	Consumer Not Found 'No Match for Consumer on TennCare Data Base;
C4L	Program Code Downgrade of Benefits - 'Assessed Code will cause Loss of Benefits'
C4M	Assessment Already Exist - 'Assessment Equal to Current Assessment'
C4N	Downgrade in Benefits Disabled - 'Consumer Loss of Benefits'
C4O	Assessment Code and Date Required - 'Missing Assessment Code and or Date'
C4P	Assessment Date <960701 - 'Assessed Date Cannot Be Before 07/01/96'
C4Q	Assessment Date >Last Eligible Period Informational Error 'No Current Eligibility Period for Assessed Date'
C4R	Assessment Date >Current Processing Date 'Assessment Date in the Future'

Appendix G

Clinically Related Group Assessment Data Dictionary

The following data elements are in the same order as in the record layout. An alphabetized index is included at the end of the document.

All numeric fields should be right-justified and zero-filled unless otherwise specified in this document.

RECORD-ID-TYPE Code representing that this is a CRG record. Required value is always C.

ACTION-CODE A transaction type indicating the action to be taken with this record.

N Indicates an initial CRG Assessment for the consumer

C Indicates a correction to a CRG Assessment for the consumer

U Indicates an updated CRG Assessment including six-month Reassessments

MCO/BHO-ID-NUMBER Behavioral Health Organizations identification code which has been assigned by the TDMHDD.

Premier Behavioral Systems	081
Tennessee Behavioral Health	082
AmeriChoice	131
BCBST/VSHP/VO	128
AmeriGroup	132
Unknown (for TDMHDD use only)	099

CONSUMER'S-SSN The correct social security number of the consumer.

FIRST-NAME The consumer's first name.

MIDDLE-INITIAL The first letter of the consumer's middle name.

LAST-NAME The consumer's last name.

DATE-OF-BIRTH The correct date of birth of the consumer.

PRINCIPAL-DIAGNOSIS AT-ASSESSMENT The consumer's principal diagnosis at the time of the CRG Assessment from Axis I or Axis II of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), of the American Psychiatric Association. For multiaxial diagnoses involving Axis I and Axis II, the diagnosis which is most prominent must be entered as the PRINCIPAL-DIAGNOSIS-AT-ASSESSMENT.

NOTES:

All diagnostic fields should accept alphanumeric data.

All diagnostic fields should be left-justified.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV code for Antisocial Personality Disorder is 301.7; this should be entered as 3017- (=space- do not enter symbol).

For "V" Code diagnoses, the "V" should be entered as such. For example, the DSM-IV code for Sibling Relational Problem is V61.8; this should be entered as V618.

DUAL-PRINC / SECOND The consumer's dual principal or secondary diagnosis at the time of

DIAG-AT-ASSESSMENT the CRG Assessment from Axis I or Axis II or the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), of the American Psychiatric Association.

NOTES:

All diagnostic fields should accept alphanumeric data,

All diagnostic fields should be left-justified.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV code for Antisocial Personality Disorder is 301.7; this should be entered as 3017- (=space- do not enter symbol).

For "V" Code diagnoses, the "V" should be entered as such. For example, the DSM-IV code for Sibling Relational Problem is V61.8; this should be entered as V618_.

If a diagnosis is not applicable, enter SPACES in the remaining diagnostic fields.

GAF-AT ASSESSMENT The consumer's functional Assessment score at the time of the CRG Assessment, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

GAF-HIGHEST

The consumer's highest functional Assessment score in the past 1 year, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE: Enter SPACES if unknown.

GAF-LOWEST

The consumer's lowest functional Assessment score in the past six 1 year, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE: Enter SPACES if unknown.

ACTIVITIES OF
due to
DAILY LIVING

The consumer's level of impairment in activities of daily living the consumer's mental illness.

- 1 **Extreme:** Consumer exhibits an inability to perform daily routine activities and requires constant assistance in most areas.
- 2 **Marked:** Consumer exhibits extensive problems with daily activities and requires frequent assistance.
- 3 **Moderate:** Consumer exhibits regular or frequent problems with performing routine activities and is unable to perform up to acceptable standards without frequent assistance.
- 4 **Mild:** Consumer exhibits some or occasional problems with performing daily routine activities and could benefit from some assistance.
- 5 **None:** Consumer has no problem performing daily routine activities without assistance.

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

INTERPERSONAL
FUNCTIONING

The consumer's level of impairment in interpersonal functioning due to the consumer's mental illness.

- 1 **Extreme:** Consumer is isolated in the community; has no support network and/or no ability to take part in social activities, manage self in relationships with others.

- | | | |
|---|------------------|---|
| 2 | Marked: | Consumer is isolated in the community and has substantial impairment in their ability to take part in social activities or manage self in relationships with others; consumer relies on mental health professionals or mental health services for social support. |
| 3 | Moderate: | Consumer has limited integration into community life. |
| 4 | Mild: | Consumer has partial integration into community life. |
| 5 | None: | Consumer has full integration into community life. |

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

CONCENTRATION TASK-PACE

The consumer's level of impairment in concentration, task performance, and pace due to the consumer's mental illness.

- | | | |
|---|------------------|--|
| 1 | Extreme: | Consumer is unable to complete simple tasks. |
| 2 | Marked: | Consumer is seldom able to concentrate and has extensive difficulty completing simple tasks without assistance. |
| 3 | Moderate: | Consumer exhibits regular or frequent difficulty with concentration and can complete simple tasks. |
| 4 | Mild: | Consumer exhibits some or occasional difficulty with ability to concentrate and can complete simple tasks within time frames with some assistance. |
| 5 | None: | Consumer exhibits the ability to concentrate and can complete simple tasks within set time frames with few errors and without assistance. |

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

ADAPTATION TO CHANGE

The consumer's level of impairment in adapting to change due to the consumer's mental illness.

- | | | |
|---|-----------------|--|
| 1 | Extreme: | Consumer exhibits no tolerance for any change. |
| 2 | Marked: | Consumer exhibits extensive difficulty in adjusting to change. |

- | | |
|---|---|
| 3 | Moderate: Consumer exhibits regular or frequent difficulty in accepting and adjusting to change. |
| 4 | Mild: Consumer exhibits some or occasional difficulty in accepting and adjusting to change. |
| 5 | None: Consumer exhibits the ability to reasonably adapt to change within developmental and cultural norms. |

Refer to the Tennessee CRG Manual and form for additional guidelines and definitions.

**SEVERE
IMPAIRMENT**

The consumer's severity of impairment due to the consumer's mental illness.

Referencing the previous four attributes;
 If the value in all four attributes is three **or**
 If the value in three attributes is three and the remaining attribute is one or two **or** If the value in two attributes is two
 or
 If the value in one attribute is one then,
 The value of SEVERE IMPAIRMENT is '1' .
 Otherwise the value of SEVERE IMPAIRMENT is '2'.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

DURATION

Indicates if the duration of severe impairment accumulates to a total of six months over the past year.

- | | |
|---|----------------|
| 1 | Yes |
| 2 | No |
| 9 | Does not apply |

FORMER-IMPAIRMENT

Indicates if the consumer was formerly severely impaired.
 This attribute is required if the SEVERE IMPAIRMENT attribute is a '2'..
 If the SEVERE IMPAIRMENT attribute is a '1' then the value is '9'.

- | | |
|---|----------------|
| 1 | Yes |
| 2 | No |
| 9 | Does not apply |

NEEDS-SRVCS-TO
RELAPSE
IMPAIRMENT

Indicates if the consumer needs services to prevent a PREV-relapse. This attribute is required if the FORMER attribute is a '1'.
If the FORMER IMPAIRMENT attribute is a '2' then the value is '9'.

- 1 Yes
- 2 No
- 9 Does not apply

DETERMINE CRG

This attribute represents the Clinically Related Group (CRG) of each individual. The rating represents the severity and the duration of their impairment.

- 1 Persons with severe and persistent mental illness: Persons in this group are recently severely impaired and the duration of their severe impairment totals six months or longer of the past year

If either the value of PRINCIPAL DIAGNOSIS AT ASSESSMENT or the value of the DUAL PRINC/SECOND DIAG AT ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and
If the value of SEVERE-IMPAIRMENT is 1; and

If the value of DURATION is 1, then
The value of DETERMINE-CRG is 1.

- 2 Persons with severe mental illness: Persons in this group are recently severely impaired and the duration of their severe impairment totals less than six months of the past year.

If either the value of PRINCIPAL DIAGNOSIS-AT - ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and
If the value of SEVERE-IMPAIRMENT is 1 and
If the value of DURATION is 2, then
The value of DETERMINE-CRG is 2.

- 3 Persons who are formerly severely impaired: Persons in this group are not recently severely impaired but have been severely impaired in the past and need services to prevent relapse.

If either the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and

If the value of SEVERE-IMPAIRMENT is 2 and if the value of FORMER-IMPAIRMENT is 1, and if the value of NEEDS-SRVCS-TO-PREV-RELAPSE is 1, then The value of DETERMINE-CRG is 3.

- 4 Persons with mild or moderate mental disorders: Persons in this group are not recently severely impaired and are not formerly severely impaired or are formerly severely impaired but do not need services to prevent relapse.

If either the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and if the value of SEVERE-IMPAIRMENT is 2, and if the value of FORMER-IMPAIRMENT is 2,

or

If either the value of PRINCIPAL-DIAGNOSIS-AT -ASSESSMENT or the value of the DUAL-PRINC / SECOND DIAG-AT-ASSESSMENT is not a V-code diagnosis, is not in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00 - 319, and is not equal to 799.9 and

If the value of SEVERE-IMPAIRMENT is 2, and if the value of FORMER-IMPAIRMENT is 1, and if the value of NEEDS-SRVCS-TO-PREV-RELAPSE is 2, then the value of DETERMINE-CRG is 4.

- 5 Persons excluded from clinically related groups 1-4 based on diagnosis: Persons in this group are not in clinically related groups 1-4 as a result of their diagnosis. Regardless of any functional impairment, if all of the consumer's diagnosis(es) are in the following diagnostic groups, they are placed in group 5 : 1. substance-related disorders, 2. developmental disorders, 3. v-codes, 4. diagnosis deferred. If the values of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT and DUAL PRINC/SECOND-DIAG-AT-ASSESSMENT are a V-code are in the following ranges: 291.0 - 292.9, 299.00 - 299.80, 303.00 - 305.90, 315.00-319, or are equal to 799.9 then The value of DETERMINE-CRG is 5.
- or
- If the value of PRINCIPAL-DIAGNOSIS- AT-ASSESSMENT is a V-code, is in the following ranges: 291.0- 292.9,299.00 - 299.80,303.00 - 305.90,315.00 - 319, or is equal to 799.9 and the DUAL-PRINC/SECOND-DIAGAT-ASSESSMENT is missing, then
- The value of DETERMINE-CRG is 5.

REASON FOR ASSESSMENT The source of the CRG Assessment request or the circumstance which requires that the CRG Assessment be conducted.

- 01 Consumer requested CRG Assessment
- 02 Family member requested CRG Assessment for the consumer
- 03 Mental health care provider requested CRG Assessment
- 04 Primary health care provider requested CRG Assessment
- 05 TDMHMR requested CRG Assessment
- 06 MCO/BHO requested CRG Assessment
- 07 MCO requested CRG Assessment
- 08 One year Reassessment is due
- 09 Consumer is referred for a mental health service in the Enhanced Benefits Package (For currently enrolled participants in the TennCare Partners Program)
- 10 Consumer used 40 outpatient mental health benefits in a calendar year (For currently enrolled participants in the TennCare Partners Program)

- 11 Consumer used 15 consecutive inpatient psychiatric days in a calendar year (For currently enrolled participants in the TennCare Partners Program)
- 12 Consumer used 30 cumulative inpatient psychiatric days in a calendar year (For currently enrolled participants in the TennCare Partners Program)
- 13 Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits (For persons not yet enrolled in the TennCare Partners Program)
- 14 Other.
- 15 Intake

DATE-OF-REQUEST

Indicates the date the CRG Assessment was requested or the date when the criteria have been met which cause the Assessment to be required.

DATE-OF-ASSESSMENT

Indicates the date the CRG Assessment was completed.

ADEQUATE-INFO

Indicates the extent of the information retrieved to complete the CRG Assessment.

- 1 **Minimal:** The MCO/BHO has had few, if any, face-to-face contacts with the consumer over the last 1 year or is referring only to the clinical record for Assessment information.
- 2 **Adequate:** The MCO/BHO has had several face-to-face contacts (at least monthly) with the consumer over the last 1 year and/or significant collateral information.
- 3 **Substantial:** The MCO/BHO has had significant face-to-face contact (daily or weekly interaction) with the consumer over the last 1 year or routine face-to-face contacts (at least monthly) with the consumer over the last twelve months.

Note: The above definitions are general guidelines and each rater should consider all aspects of the consumer's case to judge the adequacy of their information.

TENNCARE PROVIDER NUMBER

The unique provider identification number within each MCO/BHO, as reported in the Provider Enrollment System. This must be a TDMHDD approved rater. The first nine digits will be the PROVIDER SSN followed by the LOCATION NUMBER followed by SERVICE COMPONENT followed by the last two significant digits of the MCO/BHO ID NUMBER.

Premier Behavioral Systems	81
Tennessee Behavioral Health	82
AmeriChoice	31
BCBST/VSHP/VO	28
AmeriGroup	32
Unknown (for TDMHDD use only)	99

Note: For all CRG records the value of the SERVICE COMPONENT field within the TENNCARE PROVIDER ID (the 12th and 13th position) must be 51.

PROGRAM CODE

Code to indicate the status of the consumer.

S State Only
J Judicial
T TennCare Eligible
U TDMHDD Certified Uninsurable (This value will not be acceptable from a MCO/BHO; it is for TDMHDD use only)

CREATION DATE

Indicates the system's creation date of each CRG record

CREATION TIME

Indicates the system's creation time of each CRG record

Appendix H

Target Population Group Assessment Data Dictionary

The following data elements are in the same order as in the record layout. An alphabetized index is included at the end of the document.

All numeric fields should be right-justified and zero-filled unless otherwise specified in this document.

RECORD-ID-TYPE	Code representing that this is a TPG record. Required value is always T .
ACTION-CODE	A transaction type indicating the action to be taken with this record. N Indicates as initial TPG assessment for the consumer C Indicates a correction to a TPG assessment for the consumer U Indicates an updated TPG assessment including twelve-month reassessments
BHO-ID-NUMBER	Behavioral Health Organizations identification code which has been assigned by the TDMHDD. 081 Premier Behavioral Health Systems of Tennessee 082 Tennessee Behavioral Health, Inc. 131 AmeriChoice 128 BCBST/VSHP/VO 132 AMERIGROUP 099 Unknown – This value will not be accepted from a BHO. For TDMHDD use only.
CONSUMER'S-SSN	The correct social security number of the consumer.
FIRST-NAME	The consumer's first name.
MIDDLE-INITIAL	The first letter of the consumer's middle name.
LAST-NAME	The consumer's last name.
DATE-OF-BIRTH	The correct date of birth of the consumer.

PRINCIPAL-DIAGNOSIS
AT-ASSESSMENT

The consumer's principal diagnosis, at the time of the TPG assessment from Axis I or Axis II of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR*), of the American Psychiatric Association. For multiaxial diagnoses involving Axis I and Axis II, the diagnosis which is most prominent must be entered as the PRINCIPAL-DIAGNOSIS-AT-ASSESSMENT.

NOTES:

All diagnostic fields accept **alpha-numeric data**.

All diagnostic fields should be **left-justified**.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV code for Antisocial Personality Disorder is 301.7; this should be entered as 3017_(_=space-do not enter symbol).

DUAL-PRINC / SECOND-
DIAG-AT-ASSESSMENT

The consumer's dual principal or secondary diagnosis, at the time of the TPG assessment, from Axis I or Axis II of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR), of the American Psychiatric Association.

NOTES:

All diagnostic fields should accept **alpha-numeric data**.

All diagnostic fields should be **left-justified**.

A decimal is implied between positions 3 and 4.

If the diagnostic code, subtype, and specifier do not total 5 positions, enter SPACES in the missing position(s). For example, the DSM-IV-TR code for Antisocial Personality Disorder is 301.7; this should be entered as 3017_(_=space-do not enter symbol).

For "V" Code diagnoses, the "V" should be entered as such. For example, the DSM-IV-TR code for Sibling Relational Problem is V61.8; this should be entered as V618_.

If a diagnosis is not applicable, enter SPACES in the remaining diagnostic fields.

**GAF-AT-
ASSESSMENT**

The consumer's functional assessment score, at the time of the TPG assessment, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

GAF-HIGHEST

The consumer's highest functional assessment score in the past six (6) months, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE:

Enter SPACES if unknown.

GAF-LOWEST

The consumer's lowest functional assessment score in the past six (6) months, as determined from the Global Assessment of Functioning Scale, AXIS V, of the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

NOTE:

Enter SPACES if unknown.

SEVERE-IMPAIRMENT

The child or adolescent's severity of impairment due to his / her emotional disturbance.

If the GAF-AT-ASSESSMENT is less than 51 or if the GAF-LOWEST is less than 51 then the value of SEVERE-IMPAIRMENT is 1. Otherwise the value of SEVERE-IMPAIRMENT is 2.

- 1 Yes
- 2 No

CHILDREN-WITH-SED	<p>Indicates that the consumer has a serious emotional disturbance. (SED).</p> <p>If either the value of PRINCIPAL-DIAGNOSIS-AT-ASSESSMENT or the value DUAL-PRINC / SECOND-DIAG-AT-ASSESSMENT is not a V-code, is not in the following ranges: 291.0 – 292.9, 299.00 - 299.80, 303.00 – 305.90, 315.00 -319 and is not equal to 799.9 and If the value of SEVERE-IMPAIRMENT is equal to 1 then the value of CHILDREN-WITH-SED is equal to 1. Otherwise the value of CHILDREN-WITH-SED is equal to 2.</p> <p>1 Yes 2 No</p>
ENVIRONMENTAL-FACTORS	<p>Indicates that present environmental factors (i.e. poverty) have resulted in persistent neglect or developmental delay of the consumer.</p> <p>1 Yes 2 No 9 Unknown</p>
LEVEL-OF-FAMILY-DYSFUNCTION	<p>Indicates that the family's level of dysfunction results in an inability to provide for the ongoing physical, social, or emotional needs of the consumer. (This category may include children of adults with SPMI or children of adults with substance abuse problems.)</p> <p>1 Yes 2 No 9 Unknown</p>
TRAUMATIC-EVENTS	<p>Indicates that the consumer has experienced a single or series of significant traumatic episode(s) (i.e. death of parent, witness of violence).</p> <p>1 Yes 2 No 9 Unknown</p>

SOCIAL-SKILLS	<p>Indicates a lack of social skill development that results in the consumer's inability to behave in a marginally acceptable, age appropriate manner in the school, home, or community. Without intervention, the consumer will remain SED or will most likely meet the criteria for SED in the future.</p> <p>1 Yes 2 No 9 Unknown</p>
ABUSE-NEGLECT	<p>Indicates that the consumer has experienced physical / emotional / sexual abuse or neglect.</p> <p>1 Yes 2 No 9 Unknown</p>
AT-RISK-OF-SED	<p>Referencing the previous five attributes; If the value in any of the five attributes is 1, then the value of AT-RISK-OF-SED is 1. Otherwise, the value of AT-RISK-OF-SED is 2.</p> <p>1 Yes 2 No</p>
DETERMINE-TPG	<p>This attribute represents the Target Population Group (TPG) of each consumer as determined through this assessment.</p> <p>2 Children/Adolescents at Risk of SED: Consumers who have a Serious Emotional Disturbance (SED) which has resulted in severe functional impairment.</p> <p>If the value of CHILDREN-WITH-SED is 1, then the value of DETERMINE-TPG is 2.</p> <p>3 Children/Adolescents at risk of SED: Consumers who presently do not have a serious Emotional Disturbance but are at risk of developing a SED.</p> <p>If the value of CHILDREN-WITH-SED is equal to 2 and if the value of AT-RISK-OF-SED is equal to 1, then the value of DETERMINE-TPG is 3.</p>

- 4 **None of the above:** Consumers who do not meet the criteria of Target Population Groups 2 or 3.

If the value of CHILDREN-WITH-SED is equal to 2 **and** if the value of AT-RISK-OF-SED is equal to 2, then the value of DETERMINE-TPG is 4.

REASON-FOR-ASSESSMENT

The source of the TPG assessment request or the circumstance which requires that the TPG assessment be conducted.

- 01 Consumer requested TPG assessment
- 02 Family member requested TPG assessment for the
- 03 Mental health care provider requested TPG assessment
- 04 Primary health care provider requested TPG assessment
- 05 TDMHDD requested TPG assessment
- 06 BHO requested TPG assessment
- 07 MCO requested TPG assessment
- 08 Twelve-month reassessment is due
- 09 Consumer is referred for a mental health service in the Enhanced Benefits Package (For currently enrolled participants in the TennCare Partners Program)
- 10 Consumer used 40 outpatient mental health benefits in a calendar year (For currently enrolled participants in the TennCare Program)
- 11 Consumer is admitted to an inpatient psychiatric facility / unit (For currently enrolled participants in the TennCare Partners Program)
- 12 Consumer has been admitted to an RMHI and is potentially eligible for Federal and/or State supported benefits (For persons not yet enrolled in the TennCare Partners Program)
- 13 Other
- 14 Intake

DATE-OF-REQUEST Indicates the date the TPG assessment was requested or the date when the criteria have been met which cause the assessment to be required.

DATE-OF-ASSESSMENT Indicates the date the assessment was completed.

ADEQUATE-INFO

Indicates the extent of the information retrieved to complete the TPG assessment.

- 1 **Minimal:** The rater has had few, if any, face-to-face contacts with the consumer over the last six months or is referring only to the clinical record for assessment information.
- 1 **Adequate:** The rater has had several face-to-face contacts (at least monthly) with the consumer over the last six months and/or significant collateral information.
- 2 **Substantial:** The rater has significant face-to-face contact (daily or weekly interaction) with the consumer over the last six months or routine face-to-face contacts (at least monthly) with the consumer over the last twelve months.

NOTE:

The above definitions are general guidelines and each rater should consider all aspects of the consumer's case to judge the adequacy of their information.

TENNCARE- PROVIDER-NUMBER

The unique provider identification number within each BHO, as reported in the Provider Enrollment System. This must be a TDMHDD approved rater. The first nine digits will be the PROVIDER-SSN followed by the LOCATION-NUMBER followed by SERVICE COMPONENT followed by the last two significant digits of the MCO-ID-NUMBER.

Premier Behavioral Systems	81
Tennessee Behavioral Health	82
AmeriChoice	31
BCBST/BSHP/VO	28
AmeriGroup	32
Unknown (for TDMHDD use only)	99

Note: For all TPG records, the value of the SERVICE-COMPONENT field within the TENNCARE-PROVIDER-ID (the 12th and 13th position) must be **F2**.

PROGRAM-CODE	Code to indicate the status of the consumer.
	S State-Only J Judicial T TennCare Eligible U TDMHDD Certified Uninsurable (This value will not be acceptable from a MCO, it is for TDMHDD use only)
CREATION-DATE	Indicated the system's creation date of each TPG record
CREATION-TIME	Indicates the system's creation time of each TPG record.

Footnote: * At the time this manual was written the DSM-IV-TR manual was the most current version. However, if at any time the DSM-IV-TR is updated the expectation is that you will use the most current edition in the completion of CRG/TPG Assessments.

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Appendix I

RATER TRAINING VERIFICATION FORM

AGENCY: _____

DATE TRAINED	TEST/ NEW	NAME	SSN	DEGREE	LICENSE NUMBER	JOB TITLE	NAME OF TRAINER	AGENCY NUMBER	TPG/CRG/ BOTH

I HEREBY CERTIFY THAT THE ABOVE INDIVIDUALS, ON THE DATE INDICATED, WERE TRAINED AND HAVE PASSED THE COMPETENCY TEST AND ARE COMPETENT AND MEET THE MINIMUM EDUCATIONAL/PROFESSIONAL REQUIREMENTS TO COMPLETE TPG/CRG ASSESSMENTS.

TRAINER _____

DATE _____

Please email to your TDMHDD contact person or mail to:
State of Tennessee
Department of Mental Health and Developmental Disabilities
Assessment Unit
Cordell Hull Building, 5th Floor
425 5th Avenue North
Nashville, Tennessee 37243-0675

Appendix J

TDMHDD APPLICATION FOR TPG/CRG TTT TRAINING

DATE OF TRAINING:

AGENCY:

NAME	SSN	TYPE OF TRAINING (CHECK ONE)	ASSESSMENT TYPE	DEGREE	LICENSE	JOB TITLE	ASSIGNED AGENCY LOCATION
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				
		<input type="checkbox"/> NEW TRAINER <input type="checkbox"/> CONTINUING <input type="checkbox"/> RETRAINING	<input type="checkbox"/> TPG ONLY <input type="checkbox"/> CRG ONLY <input type="checkbox"/> BOTH				

I CERTIFY THAT I HAVE REVIEWED THE TRAINER/PROVIDER FILES FOR THE ABOVE INDIVIDUALS, AND THEY MEET THE ESTABLISHED MINIMUM REQUIREMENTS.

INDIVIDUAL COMPLETING FORM: _____ **DATE:** _____

Return form to: by email to your TDMHDD contact person, Assessment Unit, 425 5th Avenue North, Cordell Hull Bldg., 5th Fl., Nashville, TN 37243 (Fax: 615-253-6845)

Appendix K

STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
ASSESSMENT UNIT
CORDELL HULL BUILDING, 5TH FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0675

RATER INFORMATION UPDATE FORM

RATER'S NAME _____

RATER'S SSN _____ DEGREE _____

TYPE OF APPROVAL: ☐ CRG/TPG ☐ TPG ONLY ☐ CRG ONLY

REQUEST FOR NAME CHANGE

OLD NAME _____

NEW NAME _____

DATE OF NAME CHANGE _____

**REQUEST FOR ADDITION
(RATER RETAINS APPROVAL AT CURRENT AGENCY)**

CURRENT AGENCY _____

NEW AGENCY _____

BEGIN DATE _____

**REQUEST FOR TRANSFER
(RATER'S APPROVAL AT CURRENT AGENCY ENDS)**

CURRENT AGENCY _____

END DATE _____

NEW AGENCY _____

BEGIN DATE _____

REQUEST FOR END DATE

CURRENT AGENCY _____

LAST DATE OF EMPLOYMENT _____

SIGNATURE OF RATER

DATE

SIGNATURE OF CRG COORDINATOR

DATE

The Rater must sign this form for any Transfer request.

Appendix L

		NAME				CRG Rater			TPG Rater		
CMHC	SSN	LASTNAME	FIRSTNAME	DEGREE	LICENSE	APPROV	RENEW	END	APPROV	RENEW	END